

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

Rejected  Allowed

(Through Interference)

Non-elected

Non-elected

Interference

Appeal

Objected

Claim	Act	Date
1	1	
2	2	
3	3	
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Claim	Act	Date
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Claim	Act	Date
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150	150	

If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**